
Food & Formula Reference Guide [FFRG]

Guidelines

Effective September 30, 2013

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A. Acronyms, Abbreviations, Symbols, and Changes

1. Acronyms and Abbreviations				
WIC Cert = WIC Certifier		RD = Registered Dietitian at Local WIC Provider	PWD = Powder	WIC 27 = Medical Documentation Form - Health Care Provider Authorization Form
Nutri = Local WIC Nutritionist		State RD = Registered Dietitian at State WIC Office	Conc. = Concentrated Liquid	
CPA = Competent Professional Authority (Nutritionist, Registered Nurse, and Registered Dietitian)			RTF = Ready To Feed	
			RTU = Ready To Use	
2. Symbols				
	≥ Greater than OR Equal to	≤ Less than OR Equal to	> Greater than	< Less than
3. Key Changes Effective September 30, 2013				
i. <u>Changes to “Handling Formulas Not Listed On The Food & Formula Reference Guide.”</u> (FFRG – Guidelines Page 7 and 12)				
<ul style="list-style-type: none">• If the prescribed formula is not listed on FFRG, no direct shipment is available.• It is recommended to contact the health care provider (HCP) and inform them that the prescribed formula is not available from the Missouri WIC program.				
ii. <u>Brown Rice:</u> 32 oz brown rice is not available.				
iii. <u>Infant Foods:</u> Twin pack is not allowed.				

B. Guidelines For Issuing Infant Formulas, Exempt Infant Formulas And Medical Foods

1. Food Package Overview for All WIC Categories

Food Packages	Eligibility		
Food Package I	<p>Infant participants (Birth - 5 months) who do not have a condition qualifying them to receive Food Package III.</p> <table> <tr> <td> <u>Birth - 1 month:</u> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding Non-breastfeeding. </td><td> <u>1 – 5 months:</u> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding - (Breastfed infants who receive <u>less than or equal to</u> the maximum amount of formula allowed for partially breastfed infants. Partially breastfeeding – (Breastfed infants who receive <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.) Non-breastfeeding. </td></tr> </table>	<u>Birth - 1 month:</u> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding Non-breastfeeding. 	<u>1 – 5 months:</u> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding - (Breastfed infants who receive <u>less than or equal to</u> the maximum amount of formula allowed for partially breastfed infants. Partially breastfeeding – (Breastfed infants who receive <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.) Non-breastfeeding.
<u>Birth - 1 month:</u> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding Non-breastfeeding. 	<u>1 – 5 months:</u> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding - (Breastfed infants who receive <u>less than or equal to</u> the maximum amount of formula allowed for partially breastfed infants. Partially breastfeeding – (Breastfed infants who receive <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.) Non-breastfeeding. 		
Food Package II	<p><u>Infant participants (6 - 11 months)</u> who do not have a condition qualifying them to receive Food Package III.</p> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding – The infant is breastfed but also receives <u>less than or equal to</u> the max. amount of formula allowed for partially breastfed infant. Partially breastfeeding - (The infant is breastfed but also receives <u>greater than</u> the max. amount of formula allowed for partially breastfed infants. Non-breastfeeding. 		
Food Package III	<p>Participants With Qualifying Conditions: This food package is reserved for issuance to women, infants and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements. (See ER# 2.07000)</p>		
Food Package IV	<p>This food package is designed for issuance to participants 1 - 4 years old who don't have a condition qualifying them to receive Food Package III.</p>		
Food Package V	<ul style="list-style-type: none"> Pregnant women with singleton pregnancies, who do not have a condition qualifying them to receive Food Package III. Breastfeeding women, up to 1 year postpartum, who do not have a condition qualifying them to receive Food Package III and whose <u>partially breastfed infants</u> receive formula from the WIC program in amounts that do not exceed the max. allowances. (PBF ≤ max) 		
Food Package VI	<ul style="list-style-type: none"> Women up to 6 months postpartum who are not breastfeeding their infants. Breastfeeding women <u>up to 6 months</u> postpartum whose participating infant receives <u>more than the max. amount of formula allowed for partially breastfed infants</u>. (PBF > max) 		
Food Package VII	<ul style="list-style-type: none"> Breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC. (Fully BF) Women participants pregnant with two or more fetuses. Women participants partially breastfeeding multiple infants. (See table below) Pregnant women who are breastfeeding whose participating infant receives less than the max. amount of formula allowed for partially breastfed infants (PBF ≤ max) 		
Food Package VII (x 1.5)	<ul style="list-style-type: none"> Women participants fully breastfeeding multiple infants from the same birth receive 1.5 times the supplemental foods provided in Food Package VII. 		

Partially Breastfeeding Women With <u>Twins</u>	Mother's Food Package
Twins (under 6 months old) Greater than (>) max	The mother would receive Food Package VI.
Twins (older than 6 months old) Greater than (>) max	If the infants are over 6 months of age, the mother would not receive a food package.
Twins: a baby receives (>) max & another baby receives less than or equal to (≤) max.	The mother would receive Food Package V because one of her infants qualifies to receive the partially breastfeeding package.

2. Qualifying Conditions - Issuance of Missouri WIC Approved Foods, Infant Formulas, and Special Formulas

Participant Category	Qualifying conditions including but not limited to:	Non-qualifying conditions
Infants	<ol style="list-style-type: none"> 1. Premature birth 2. Low birth weight 3. Failure to thrive 4. Inborn errors of metabolism/metabolic disorders 5. Gastrointestinal disorders 6. Malabsorption syndromes 7. Immune system disorders 8. Severe food allergies requiring an elemental formula 9. Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ol style="list-style-type: none"> 1. Non-specific formula or food intolerance (e.g. fussiness, gas, spitting up, constipation, and colic) 2. Diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require use of an exempt infant formula
Children and Women	<ol style="list-style-type: none"> 1. Premature birth --- <u>children only</u> 2. Failure to thrive --- <u>children only</u> 3. Inborn errors of metabolism/metabolic disorders 4. Gastrointestinal disorders 5. Malabsorption syndromes 6. Immune system disorders 7. Severe food allergies requiring an elemental formula 8. Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ol style="list-style-type: none"> 1. Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages 2. Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition

3. Contract Formulas which Require Medical Documentation

In addition to exempt infant formulas and medical foods, the contracted items below are categorized as "Special Formulas" in MOWINS. Issuing these formulas requires medical documentation (WIC 27). The completed WIC 27 form must be scanned in MOWINS.

Required Medical Documentation (WIC 27)	
Enfamil A.R.- Powder & RTU	Enfamil Non-premature 24 cal in 2 fl oz container

4. No formula for Breastfed Infants (0-1 month old) (ER# 2.07600)

No formula should routinely be provided to breastfeeding infants (fully breastfeeding and partially breastfeeding) in the first month after birth in order for the mother to establish her milk supply.

5. Food Package III Check Box in Health Information Screen in MOWINS

Check the Food Package III Check Box on the Health Information Screen when issuing any special formulas including the following contract formulas: Enfamil AR, and Enfamil LIPIL W/ Iron Non-Premature (24 cal) which are categorized as a special formula in MOWINS.

6. Issuance of Milk-Based Contract Formulas

Enfamil Premium Infant (Powder) is the primary contract infant formula and should be issued unless another formula is requested. Enfamil Gentlease may be issued without a trial of Enfamil Premium Infant if the participant requests it.

7. 6-11 month old infants (Non-breastfeeding and Partially Breastfed) Who Do Not Receive Complementary Infant Foods (Infant Cereal, Infant Fruit, And Infant Vegetables) (ER# 2.07000)

a. Exempt Infant Formulas

6-11 month old infants (Non-breastfeeding and partially breastfed) whose medical condition prevents them from consuming complementary infant foods may receive exempt infant formula at the same maximum monthly allowance as infants age 4 - 5 months of the same feeding option. This would be in lieu of receiving complementary foods. CPA/Nutritionist staff are able to add the number of cans to the maximum allowed (4-5 months of age for the exempt formula) in MOWINS and to print checks.

[IMPORTANT NOTE] Local WIC providers must **NOT** use “ADD/REPLACE” to issue additional formula. Please see MOWINS screen shots for the new procedure available at the WIC updates link http://health.mo.gov/living/families/wic/wicupdates/2010/november8_2010.php

b. Contract Infant Formulas

6-11 month old infants (non-breastfeeding and partially breastfed) who receive contract infant formula and do not receive complementary infant foods must **NOT** receive additional cans of formula in lieu of complementary foods. Issue the maximum allowable for the participant category (6-11 months).

(FFRG – Formula Listing; Page 3)

6-11 month old infants (non-breastfeeding and partially breastfed) who receive **contract infant formula** (e.g. Enfamil A.R. and Enfamil - non-premature 24 cal in 2 fl oz container) which requires medical documentation (WIC 27) and **DO NOT** receive complementary infant foods **MUST NOT** receive additional cans of formulas in lieu of complementary foods. Issue the maximum allowable for the participant category (6-11 months).

8. Issuance of Two Formulas (A Combination of Two Formulas: Formula A + Formula B)

Local WIC provider must contact the State WIC office 1-800-392-8209 for approval. This does not apply when issuing a formula with more than one flavor. (Formula A with Grape Flavor and Formula A with Strawberry Flavor)

9. Dilution – Handling Requests for Infant Formulas, Exempt Formulas and Medical Foods with Dilutions Different from that Indicated on the Label.

- Any dilutions that deviate from the standard dilution indicated on the label of the product require registered dietitian’s approval (Local WIC provider OR State WIC office). Examples are:
 - i. Enfamil Premium Infant (20 cal/fl oz) mixed to 24 cal/fl oz.
 - ii. Similac Expert Care NeoSure (22 cal/fl oz) mixed to 24 cal/fl oz
- Obtain the mixing instructions from a health care provider and document in the General Notes in MOWINS.
- Ensure that the participant has the mixing instructions from the health care provider.
- Issue the maximum allowance for participant category (feeding option) based on the standard reconstitution rate.
- Require a completed medical documentation form (WIC 27) by a health care provider. The completed WIC 27 form must be scanned into MOWINS.

10. Issuance of Medical Foods to Infants

The Missouri WIC program does **NOT** approve requests for medical foods issued to infants when the medical foods are intended to be used for children and/or women.

11. **Issuance of Infant Formulas and Exempt Infant Formulas to Children**

Medical documentation must be completed. The maximum approval length per request is 6 months. The approval authority for issuing infant formulas or exempt infant formulas to infants also applies for issuing infant formulas and exempt formulas to children. See the column: "Approval Authority" (**FFRG – Formula Listing; Page 3 – 5**). Scan the medical documentation (WIC 27) in MOWINS.

12. **Issuance of Ready-To-Use/Feed Formulas (ER# 2.07000, 2.07600, and 2.08100) Updated!**

a. **Circumstances that Ready-to-use (feed) formula Can Be Issued New!**

- i. There is an unsanitary, unsafe or restricted water supply.
- ii. The participant's household has poor refrigeration facilities.
- iii. The person caring for an infant may have difficulty in correctly diluting the concentrated liquid formula or reconstituting powder formula.
- iv. The prescribed formula is only available in the ready to use (feed) form

Exempt Formulas and Medical Foods only

- v. The ready-to-use (feed) form better accommodates the participant's condition.
- vi. The ready-to-use (feed) form improves the participant's compliance in consuming the prescribed WIC formula..

b. **Documentation - New!**

Document reason(s) for issuing a ready-to-use (feed) formula in MOWINS.

c. **Infant Formulas in Individual Containers (6 or 8 fl oz)**

Infant formulas in a single use container (e.g. 6 or 8 fl oz) are **not** allowed.

d. **Exempt Infant Formulas In Individual Containers**

Exempt infant formulas in individual containers (e.g. 8, 8.25, 8.45, fl oz) or 32 fl oz containers are allowed to be issued to infants and children who meet criteria and/or circumstances in the policies listed above.

e. **Infant Formulas/Exempt Infant Formulas In 2 fl oz Individual Serving Containers**

Allowed:

- Infant formulas and exempt infant formulas in 2 fl oz individual serving containers are allowed to be issued to infants with qualifying medical condition(s) if the formula requested is **NOT** available in the 32 oz container. (e.g. Enfamil Non-premature 24 cal; Enfamil Premature 20 cal & 24 cal; Pregestimil 20 cal & 24 cal)

Not allowed:

- Infant formulas/exempt formulas in 2 fl oz individual serving containers are **NOT** allowed to be issued to children.
- The formulas listed below in 2 fl oz or 6 fl oz individual serving containers are **NOT** allowed to be issued to infants.

Not Allowed Formulas in 2 fl oz Individual Container				
Enfamil ProSobee 20 Cal	Enfamil Premium Infant 20 Cal	Nutramigen 20 Cal	Enfamil A.R. 20 Cal	Enfamil Gentlease 20 Cal

13. **Formulas Not Listed on the Food & Formula Reference Guide (FFRG) – Formula Listing Updated!**

- No direct shipment is available.
- It is recommended to contact the health care provider (HCP) and let them know that the prescribed formula is not available from the Missouri WIC program.

Referral Information:

Contact Information for the Special Health Care Needs Children and Youth with Special Health Care Needs (CYSHCN) Program Service Coordination:
<http://health.mo.gov/living/families/shcn/pdf/CYSHCNMap.pdf>

14. Non-Contract Infant Formulas

The Missouri WIC program does **NOT** approve requests for any non-contract infant formulas. Examples are listed below:

Similac Advance	Similac® Lactose Free Advance	Similac Expert Care With Iron 24 cal	Gerber® Good Start® Protect Plus
Similac Advance EarlyShield	Similac® Sensitive R.S.	Gerber® Good Start® Soy Plus	Store brand infant formulas
Similac® Isomil® Advance	Similac® Sensitive	Gerber® Good Start® Gentle Plus	

15. Extra Formulas/Unused Formulas (Contact person: Dora Crawford) Updated

a. Contact Dora Crawford at Dora.Crawford@health.mo.gov at 573-751-3661 or 800-392-8209 when you have extra/unused formula. The unused formulas can be used by another agency. When you have unused formula to report, please give the following using FFRG – Formula Listing

1. Formula Name
2. Formula Listing Number (See FFRG – Formula Listing Page 3-9, far left hand column in formula listing.)
3. Expiration Date
4. Agency Name
5. Phone Number
6. Type (powder, RTU, conc.)
7. Can size (ounces/lb)
8. Contact person

Sample Scenario:

If you have Calcilo XD (unused 3 cans), the following information should be given to Dora Crawford.

1. Formula Name: Calcilo XD
2. Formula Listing Number: #35
3. Expiration Date: April 30, 2013
4. Agency Name: ABC agency
5. Phone Number: 123-456-7890
6. Type: Powder
7. Can size: 13.2 oz
8. Number of Extra/Unused cans: 3 cans
9. Contact person: Joan Smith

a. When your agency needs to ship unused formulas to another agency, you must contact Dora Crawford at Dora.Crawford@health.mo.gov at 573-751-3661 or 800-392-8209. Your agency will receive shipping instructions and shipping labels from Dora Crawford. Your agency will **no longer** receive UPS labels by the U.S. mail.

16. Dented Cans of Formula Updated

1. Participants should be educated to NOT purchase dented cans of formula from the store and not to use the formula if they later realize the can is dented. Formula may arrive in dented cans when your agency receives a direct shipment of a special formula. The shipment should be inspected at the time of delivery. Open the box and inspect all cans. Dented cans should not be accepted. Contact Dora Crawford at Dora.Crawford@health.mo.gov at 573-751-3661 or 800-392-8209).
2. If the shipment of formula was signed for and the can damage was noticed later, leave case together and contact Dora Crawford at Dora.Crawford@health.mo.gov to follow up with the manufacturer on the replacement for the dented cans. The Missouri WIC office does not issue dented cans of formula or pay for dented cans. If you need assistance, contact Dora Crawford at Dora.Crawford@health.mo.gov at (573-751-3661 or 800-392-8209).

17. **Direct Shipment - Local WIC Provider's Responsibilities and Confidentiality Holding Back Extra Formulas** **Updated!**
Follow the Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and Medical Foods) on (FFRG – Guidelines; Page 12)

a. **Local WIC Provider's Responsibilities and Confidentiality**

- 1) The local WIC provider is responsible for verifying the shipment.
- 2) Make sure the participant is in a current certification. **Do not** issue formula to terminated participants.
- 3) **Do NOT** exceed the monthly maximum allowance as indicated in FFRG – **Formula Listing**.
- 4) Maintain participant confidentiality.

b. **Holding Back Extra Formulas:** The LWP shall not issue more than the maximum monthly allowance even though the participant's physician orders a greater quantity. Extra cans/bottles of formula remaining from the order must be kept in the WIC clinic for the client for the next time the order is made. In case no additional order of the same formula will be made, please refer to **guideline #15. (FFRG – Guidelines Page 8)**

For example, when the State WIC office places an order for formula, local WIC providers will receive 5 cases (120 cans) of Bright Beginnings Soy Pediatric Drink (BBSPD).

- a. **Do not** provide all 5 cases (120 cans) to the participant.
- b. The monthly maximum allowance of BBSPD is 108 cans (18 six-pack) even though a physician may prescribe more than 108 cans (18 six-pack) per month.
 - If a physician prescribes 3 cans per day, provide only **90** cans per month and keep 27 cans for the next month.
 - If a physician prescribes 4 cans per day, provide only 108 cans (18 six-pack) and keep 12 cans (2 six-pack) for the next month.

18. **Special Formulas (Exempt Infant Formulas and Medical Foods) Which May Not Be Available at WIC Authorized Grocery Store/Pharmacy (ER. 2.07000)** **Updated**

When local WIC provider issues checks for special formulas (Exempt Infant Formulas and Medical Foods) which may not be available at a WIC vendor (Grocery Store/Pharmacy), local WIC provider staff must ensure the following:

- Contact local WIC authorized **pharmacy to check** on the availability of the special formula prescribed **before** issuing checks.
- If a special formula needs to be ordered by WIC authorized **pharmacy**, it **MUST** be ordered by the WIC authorized **pharmacy** and be picked up by the participant. Formula ordered **MUST** be picked up by the participant before the Last-Date-To-Use (LDTU).
- Do NOT order formulas from WIC authorized vendors or manufacturers.

19. Human Milk Fortifier (HMF)

- a. When a local WIC provider gets a request for HMF, the LWP **must** contact the State WIC office 1-800-392-8209 for approval and direct shipment.
- b. Breastfed infants that receive HMF are considered “Partially Breastfeeding” and the mother should receive the appropriate food package.
- c. Issuing a combination of HMF and formula is **NOT** allowed.
- d. HMF can be given to infant's age of 2 weeks old to 3 months old.
- e. A monthly allowance is 240 packets per month (60 packets per week)
- f. The State office will ship a maximum of 60 packets/vials of HMF at a time to the local WIC provider. A new request must be made each week for additional 60 packets, not to exceed 240 packets.

Local WIC provider nutritionist must have the following information before contacting WIC State office:

1. Mother and baby's food packages
2. Age of infant in weeks
3. Medical diagnosis supporting a request for HMF
4. Body weight of infant at hospital discharge time
5. Prescription for HMF
6. Number of packets/feeding OR Number of packets/day requested by physician

[Note]

- HMF is for very low birth weight (VLBW) infants and is specifically designed to be used as a supplement to be added to mother's own milk.
- Low birth weight infants fed human milk in the hospital will be supplemented with HMF from 2 weeks of age until they are approximately 2kg (4.4 pounds) in body weight.
- Usually the infant will not need supplementation post hospital discharge; however, if the infant is discharged prior to obtaining the 2 kg (4.4 pounds) goal or there are other medical indications determined by their physician the infant may require HMF post hospital discharge.

20. Returned Infant Formulas – How to Determine the Number of Cans to Be Issued for the Returned Formulas **Updated!**

a. This conversion table can be used when participants return unused contract formulas.

Powder Formula (Can Size)	Number of Cans which is equivalent to 1 can of powder formulas		
	Powder Formulas	Concentrate Formula (13 fl oz)	Ready-To-Use/Feed Formulas (32 fl oz)
Enfamil ProSobee (12.9 oz)	1 can (93 fl oz)	3 cans	2 bottles/cans
Enfamil Premium Infant (12.5 oz)	1 can (90 fl oz)	3 cans	2 bottles/cans
Enfamil Gentlease (12.4 oz)	1 can (90 fl oz)	3 cans	2 bottles/cans
Enfamil A.R. (12.9 oz)	1 can (91 fl oz)	3 cans	2 bottles/cans

Powder to Powder: Issue the same number of returned/unused cans of the requested formula when a participant returns powdered formula in exchange for another powdered formula.

Powder to Concentrate: When a participant returns 3 cans of Enfamil Premium (Powder) and requests Enfamil Premium (Conc.), issue 9 cans of Enfamil Premium Infant (Conc.).

Powder to Ready-To-Use: When a participant returns 3 cans of Enfamil Premium (Powder), issue 6 bottles/cans of Enfamil Premium (RTU).

b. Sample Scenario - How to Determine the Number of Cans to Be Issued for the Returned Formulas

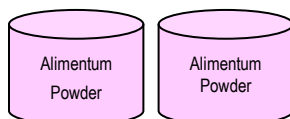
Sample Scenario:

A Non Breastfeeding 4-month old participant received 34 cans of ProSobee (Concentrate), returned 10 cans and health care provider requested Similac Expert Care Alimentum

Unused 10 cans of ProSobee (Conc.)



Participant gets 2 cans of Alimentum (Powder)



How to Determine the Number of Cans to Be Issued for the Returned Formulas

Step 1: See **FFRG – Formula Listing (Page 3)** and find the 6th column Yield/Can.

Reconstituted yield of one can of ProSobee (concentrate) is **26 fl oz/can**.

Step 2: See **FFRG – Formula Listing (Page 4)** and look for Similac Expert Care Alimentum and for the 6th column Yield/Can.

Reconstituted yield of one can of Similac Expert Care Alimentum (powder) is **115 fl oz/can**.

Step 3: See **FFRG – Guidelines (Page 16)** – Maximum Monthly Allowance Table to determine the maximum monthly allowance of the formula originally issued. This participant is a **Non-Breastfeeding 4-month old** and received ProSobee **Concentrate**.

1. Find the “Non-Breastfeeding Section.”

2. Then, Find the row titled “Reconstituted Liquid Concentrate.”

3. Then, Find the age category “4-5 months”

You will find that the maximum monthly allowance for this participant is **884 fl oz/month**

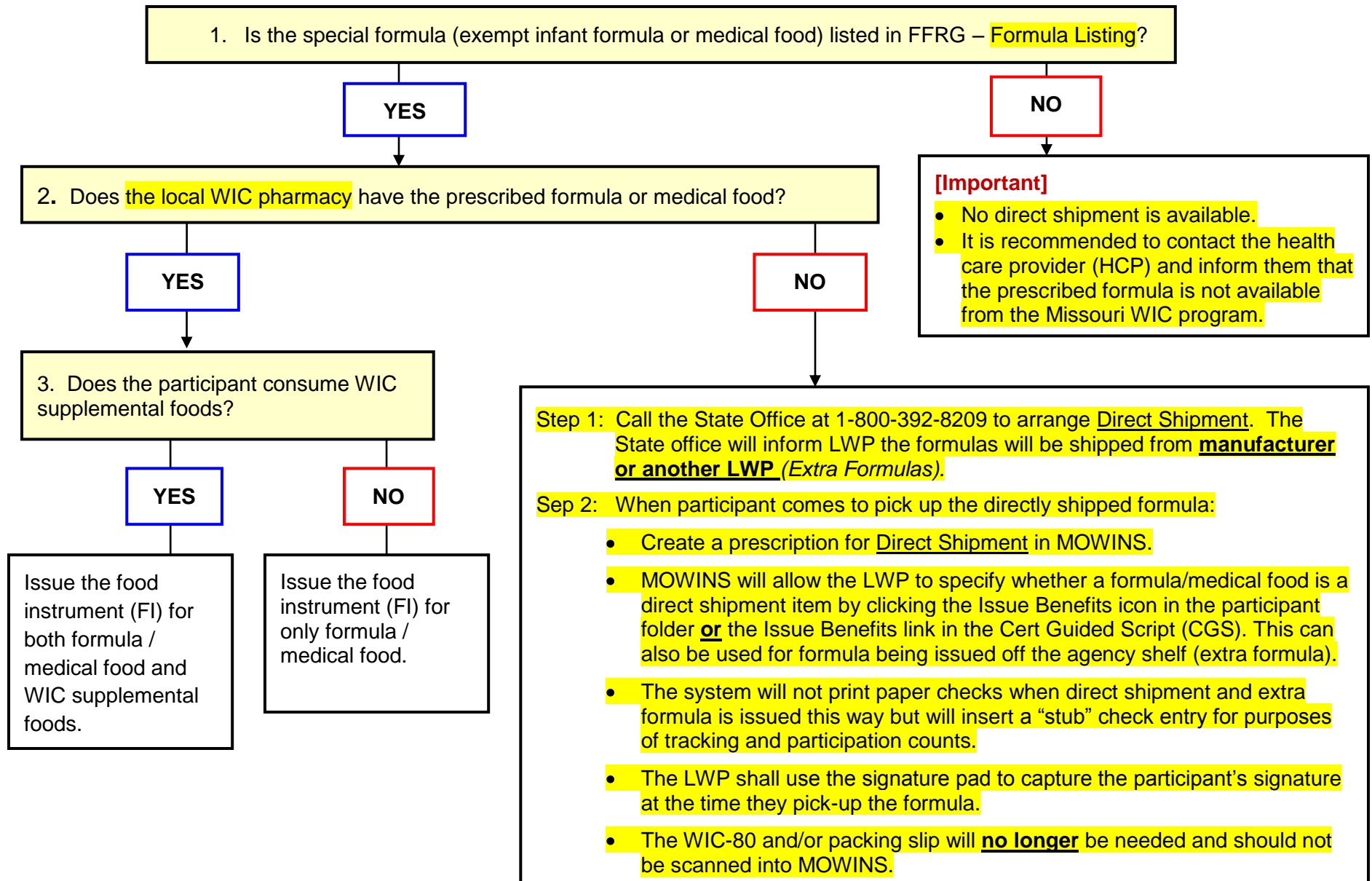
Step 4: How much did this participant use?

Received 34 cans and used 24 cans: $24 \text{ cans} \times 26 \text{ fl oz} = \mathbf{624 \text{ fl oz (used)}}$

Step 5: How many cans of Alimentum does this participant get?

1) Maximum monthly allowance – Used amount	$884 \text{ fl oz} - 624 \text{ fl oz} = 260 \text{ fl oz}$
2) Divide Unused volume by Reconstituted yield volume of one can of Alimentum	$260 \text{ fl oz} \div 115 \text{ fl oz/can} = 2.26 \text{ cans}$
3) Round the number of cans to a whole can	$2.26 \text{ cans} = 2 \text{ cans}$
4) # of cans participant gets	2 cans

Don't round up no matter what!

21. Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and Medical Foods) **Updated!**

22. Maximum Monthly Allowances

Feeding Options	Type of Formula	0-1 month	1-3 months	4-5 months	6-11 months
Non-Breastfeeding Infant	Reconstituted Liquid Concentrate	806 fl oz	806 fl oz	884 fl oz	624 fl oz
	Ready-To-Use/Feed	832 fl oz	832 fl oz	896 fl oz	640 fl oz
	Reconstituted Powder	870 fl oz	870 fl oz	960 fl oz	696 fl oz
Partially Breastfed Infants (PBF ≤ Max) (Infant who receives less than or equal to the maximum amount of formula allowed for partially breastfed infants.)	Reconstituted Liquid Concentrate	n/a	≤ 364 fl oz	≤ 442 fl oz	≤ 312 fl oz
	Ready-To-Use/Feed	n/a	≤ 384 fl oz	≤ 448 fl oz	≤ 320 fl oz
	Reconstituted Powder	n/a	≤ 435 fl oz	≤ 522 fl oz	≤ 384 fl oz
Partially Breastfed Infants (PBF > Max) (Infant who receives greater than the maximum amount of formula allowed for partially breastfed infants.)	Reconstituted Liquid Concentrate	> 104 fl oz	> 364 fl oz	> 442 fl oz	> 312 fl oz
	Ready-To-use/Feed	> 104 fl oz	> 384 fl oz	> 448 fl oz	> 320 fl oz
	Reconstituted Powder	> 104 fl oz	> 435 fl oz	> 522 fl oz	> 384 fl oz

Category	Powder (Reconstituted Yield /Can)	Liquid Concentrate (Reconstituted Yield /Can)	Ready-To Use/Feed
Children with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month
Women with Qualifying Condition(s)	910 fl oz / month	910 fl oz / month	910 fl oz / month

[Note]

> Greater than

≤ Less than or Equal to

C. WIC Approved Food and Food Packages

1. Mom & Baby Dyad

Powdered Formula = Quantity indicated in this chart is based on Enfamil Premium Infant (Powdered, 12.5 oz can)

B = Breastfeeding; **N** = Non-Breastfeeding; **≤** = Less than or equal to; **>** = Greater than

Feeding Choice		Birth- 1 Month (30 days)	1 -3 Months	4-5 Months	6-11 Months
Fully Breastfeeding Mom's Program Category/Code: B	Each Month Baby Gets:	Mom's Milk- The only thing baby needs! 😊			<ul style="list-style-type: none"> Breast Milk 24 oz. infant cereal Up to 64 (4 oz) containers of infant fruits & veggies Up to 31 (2.5 oz) containers of infant meats
	Each Month Mom Gets: (Food Package)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)	Fully Breastfeeding Food Package (VII)
Partially Breastfeeding ≤ Max Mom's Program Category/Code: B	Each Month Baby Gets:	Option is not available	Breast milk Powdered formula (up to 4 cans)	Breast milk Powdered formula (up to 5 cans)	<ul style="list-style-type: none"> Breast milk Powdered formula (Up to 4 cans) 24 oz. infant cereal Up to 32 (4 oz) containers infant fruits & vegetables
	Each Month Mom Gets: (Food Package)		Partially Breastfeeding Food Package (V)	Partially Breastfeeding Food Package (V)	Partially Breastfeeding Food Package (V)
Non-Breastfeeding Mom's Program Category/Code: N	Each Month Baby Gets:	Powdered formula (Up to 9 cans) (26-27 oz. per day)	Powdered formula (Up to 9 cans) (26-27 oz. per day)	Powdered formula (Up to 10 cans) (29-30 oz. per day)	<ul style="list-style-type: none"> Powdered formula (Up to 7 cans) (20-21 oz. per day) 24 oz. infant cereal Up to 32 (4 oz) containers infant fruits and vegetables
	Each Month Mom Gets: (Food Package)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Mother no longer eligible for the WIC program
Partially Breastfeeding > Max Mom's Program Category/Code: B When the mother wants to provide more than the maximum amount of formula allowed to a partially breastfeeding infant.	Each Month Baby Gets:	Breast milk Powdered formula (1 - 9 cans)	Breast milk Powdered formula (5 – 9 cans)	Breast milk and Powdered formula (6-10 cans)	<ul style="list-style-type: none"> Breast milk 5 - 7 cans of powdered formula 24 oz. infant cereal Up to 32 (4 oz) containers infant fruits & vegetables
	Each Month Mom Gets: (Food Package)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	Non-Breastfeeding Food Package (VI)	<ul style="list-style-type: none"> Mother no longer receives food benefits. Receives all other benefits (Nutrition education/Counseling, Breastfeeding support, Referrals). Counts in participation caseload.

2. Standard and Default Food Packages – Children and Women

	Food Items	Food Package IV	Food Package V	Food Package VI	Food Package VII
		Children (1 – 4)	<ul style="list-style-type: none"> Pregnant women with singleton pregnancy Partially BF women (up to 1 year postpartum) with infant receives less than maximum amount of formula allowed Partially BF women with twins (up to 1 yr post partum) when 1 infant receives greater than maximum and 1 infant receives less than the maximum amount of formula allowed 	<ul style="list-style-type: none"> Non-Breastfeeding women BF women - singleton or multiple infants from the same pregnancy receiving more than maximum amount of formula allowed 	<ul style="list-style-type: none"> Fully Breastfeeding women Partially Breastfeeding Multiples whose infants receive less than maximum amount of formula allowed Pregnant women with Multiples. Pregnant women who are still breastfeeding whose infants receive less than maximum amount of formula allowed
Standard Food Packages	Juice	2 – 64 oz. containers	3 – 46 oz. cans or 12 oz. frozen	2 – 46 oz. cans or 12 oz. frozen	3 – 46 oz. cans or 12 oz. frozen
	Milk, fluid	4 gallons* (16 quarts)	5 ½ gallons* (22 quarts)	4 gallons* (16 quarts)	6 gallons* (24 quarts)
	Cheese	none	none	none	1 pound
	Breakfast Cereal	36 oz.	36 oz.	36 oz.	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen	2 dozen
	Fruits & Vegetables	\$6.00	\$10.00	\$10.00	\$10.00
	Whole Grains	2 pounds	1 pound	none	1 pound
	Fish (canned)	none	none	none	30 oz.
	Legumes, dry/canned and/or Peanut Butter**	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>or</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>or</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter

* One gallon of milk can be substituted with one pound of cheese and one can of evaporated milk.

** MOWINS allows printing checks for the following options for Food Package V and VII – (Effective July 23, 2012).

Option 1.	Option 2.	Option 3.
1 One pound Dry Beans OR 4 – 16 oz Can Beans 1 18 OZ Jar Peanut Butter – Store Brand	2 18 OZ Jar Peanut Butter – Store Brand	2 One pound Dry Beans OR 4 – 16 OZ Cans Beans

[Note] Guidelines for Issuing WIC Approved Foods to Homeless Participants (ER 2.08100)

3. Allowed Milk Listing and Medical Documentation Requirement **Updated!**

#	Milk	Allowed Size	Children		Food Package V	Food Package VI	Food package VII
			12-23 months	24–59 months			
1	Whole Milk (Store brands are recommended)	Gallon	Allowed	*	*	*	*
2	Store Brand Evaporated Whole Milk	12 oz can	Allowed	*	*	*	*
3	Store Brand Lactose Free Whole Milk	½ gallon	Allowed	*	*	*	*
4	Soy Milk (Approved brands & Varieties)	½ gallon	*	*	Allowed	Allowed	Allowed
5	Milk (Skim – 2%) (Store brands are recommended)	½ gallon	**	**	Allowed	**	**
6	Milk (Skim – 2%) (Store brands are recommended)	Gallon	**	Allowed	Allowed	Allowed	Allowed
7	Skim Milk	Gallon	**	Allowed	Allowed	Allowed	Allowed
8	Store Brand Evaporated Low Fat/Fat Free Milk	12 oz can	**	Allowed	Allowed	Allowed	Allowed
9	Cultured Buttermilk	Quart	**	Allowed	Allowed	Allowed	Allowed
10	Non-Fat Dry Milk (powdered milk)	8 Quart-Box	**	Allowed	Allowed	Allowed	Allowed
11	Store Brand Lactose Free Milk (Skim – 2%)	½ gallon	**	Allowed	Allowed	Allowed	Allowed

* Medical Documentation Required

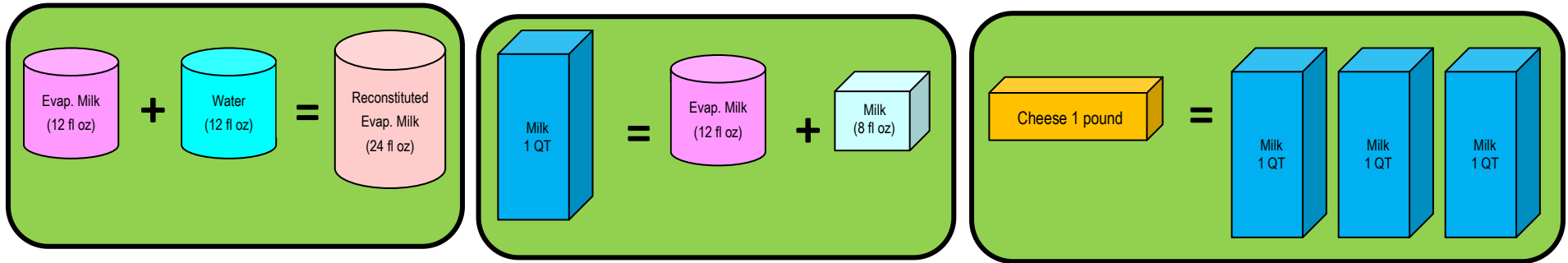
** Not allowed to issue

[Note] Whole milk can be issued to children (24 – 59 months old) and women in addition to formula if the health care provider writes a medical prescription for whole milk. (ER# 2.0700).

4. Milk Substitute and Medical Documentation (WIC 27) Requirement

Food Item	Maximum Milk Substitution	
	Without Medical Documentation	With Medical Documentation
Cheese 3 qts. milk = 1 lb. cheese 1 gal. milk = 1 lb. cheese and 1 -12 oz. can evaporated milk	<ul style="list-style-type: none"> Fully Breastfeeding Women (1 lb.) All Other Women (1 lb.) Children (1 lb.) 	<ul style="list-style-type: none"> Fully Breastfeeding Women 2 - 8 lbs. Pregnant & Partially BF Women 2 - 7 lbs. Postpartum Women 2 - 5 lbs. Children 2 - 5 lbs.
Soy Milk 1 qt. milk = 1 qt. soy milk	<ul style="list-style-type: none"> Fully Breastfeeding Women (24 qts.) Pregnant & Partially BF Women (22 qts.) Postpartum Women (16 qts.) 	<ul style="list-style-type: none"> Children 1 - 16 qts.

5. Milk, Evaporated Milk and Cheese Conversions



6. Conversion of Fluid Milk to Evaporated Milk (12 fl oz. can) and Cheese - Updated

Milk	Cheese AND Evaporated Milk	Evaporated Milk
1 qt milk		Issue 1 can Evaporated Milk
2 qt milk		Issue 2 cans Evaporated Milk
3 qt milk	Cheese 1 pound	Issue 4 cans Evaporated Milk
4 qt milk (1 gallons)	Cheese 1 pound + 1 can Evaporated Milk	Issue 5 cans Evaporated Milk
5 qt milk	Cheese 1 pound + 2 cans Evaporated Milk	Issue 6 cans Evaporated Milk
6 qt milk	Cheese 2 pounds	Issue 8 cans Evaporated Milk
7 qt milk	Cheese 2 pounds + 1 can Evaporated Milk	Issue 9 cans Evaporated Milk
8 qt milk (2 gallons)	Cheese 2 pounds + 2 cans Evaporated Milk	Issue 10 cans Evaporated Milk
9 qt milk	Cheese 3 pounds	Issue 12 cans Evaporated Milk
10 qt milk	Cheese 3 pounds + 1 can Evaporated Milk	Issue 13 cans Evaporated Milk
11 qt milk	Cheese 3 pounds + 2 cans Evaporated Milk	Issue 14 cans Evaporated Milk
12 qt milk (3 gallons)	Cheese 4 pounds	Issue 16 cans Evaporated Milk
13 qt milk	Cheese 4 pounds + 1 can Evaporated Milk	Issue 17 cans Evaporated Milk
14 qt milk	Cheese 4 pounds + 2 cans Evaporated Milk	Issue 18 cans Evaporated Milk
15 qt milk	Cheese 5 pounds	Issue 20 cans Evaporated Milk
16 qt milk (4 gallons)	Cheese 5 pounds + 1 can Evaporated Milk	Issue 21 cans Evaporated Milk
17 qt milk	Cheese 5 pounds + 2 cans Evaporated Milk	Issue 22 cans Evaporated Milk
18 qt milk	Cheese 6 pounds	Issue 24 cans Evaporated Milk
19 qt milk	Cheese 6 pounds + 1 can Evaporated Milk	Issue 25 cans Evaporated Milk
20 qt milk (5 gallons)	Cheese 6 pounds + 2 cans Evaporated Milk	Issue 26 cans Evaporated Milk
21 qt milk	Cheese 7 pounds	Issue 28 cans Evaporated Milk
22 qt milk	Cheese 7 pound + 1 can Evaporated Milk	Issue 29 cans Evaporated Milk
23 qt milk	Cheese 7 pound + 2 cans Evaporated Milk	Issue 30 cans Evaporated Milk
24 qt milk (6 gallons)	Cheese 8 pounds	Issue 32 cans Evaporated Milk

7. Food Item Descriptions In MOWINS (Active) Updated!

#	Food Items in MOWINS (Active)	NOTE
1	OUNCES INFANT CEREAL - APPROVED BRANDS	<ul style="list-style-type: none"> Issuing infant cereal to children requires medical documentation.
2	4 OZ INFANT FRUITS / VEGGIES APPROVED BRANDS/ VARIETIES	<ul style="list-style-type: none"> Effective September 30, 2013 No twin-pack is allowed.
3	2.5 OZ JARS INFANT MEATS APPROVED ITEMS ONLY	
4	OUNCES CEREAL - APPROVED TYPES/SIZES	
5	POUND (16 OZ) CHEESE - STORE BRAND	
6	DOZEN EGGS - LARGE, WHITE	
7	1 LB DRY BEANS OR 4 - 16 OZ CAN BEANS OR 1-18 OZ PEANUT BUTTER	
8	ONE POUND DRY BEANS OR 4 - 16 OZ CAN BEANS	
9	18 OZ JAR PEANUT BUTTER - STORE BRAND	
10	46 FL OZ CAN OR 11.5 - 12 OZ FROZEN JUICE APPROVED TYPES	<ul style="list-style-type: none"> This food item is not allowed for children. (Fruit juices in 46 oz can are no longer allowed.)
11	64 FL OZ CONTAINER JUICE APPROVED BRANDS AND TYPES	<ul style="list-style-type: none"> This food item is not allowed for women.
12	16 OZ WIC APPROVED BREAD, TORTILLAS OR BROWN RICE	
13	16 OZ BROWN RICE STORE BRAND ONLY	
14	6 (5 OZ CANS) TUNA WATERPACK	<ul style="list-style-type: none"> A combination of canned tuna and sardines is not allowed.
15	8 (3.75 OZ) SARDINES WATER PACK	<ul style="list-style-type: none"> A participant must choose one item either tuna or sardines.
16	FOR FRESH/FROZEN FRUITS OR VEGETABLES	
17	OUNCES GENERAL MILLS RICE CHEX OR CORN CHEX (GLUTEN FREE)	<ul style="list-style-type: none"> Gluten Free cereals can be issued only to participants with Risk Factor 354.
18	HALF GALLON SOYMILK APPROVED BRANDS AND VARIETIES ONLY	<ul style="list-style-type: none"> See guideline # 4 for medical documentation requirement. (FFRG - Guidelines, Page 16)

[Note] 32 oz Brown Rice is no longer available. Effective September 30, 2013